



STATE OF NORTH CAROLINA
Small Professional Services Firm Program
SPSF Eligibility Complaint Form

Send completed form to: Unified Certification Program Unit
ATTN: SPSF
1509 Mail Service Center
Raleigh, NC 27699-1509

I have reason to believe that _____ (*enter name of firm*) does not meet the eligibility standards for a Small Professional Services Firm. I believe this firm is ineligible for the following reasons:

I understand that I must have this form notarized before submitting it to your office and that my confidentiality will be maintained, unless otherwise required to be disclosed by law, until the end of the forthcoming investigation of this complaint.

Signature

Date

NOTE - AFFIDAVIT MUST BE NOTARIZED

COUNTY OF _____

I _____, A Notary Public for said County, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this ____ day of _____ 20 ____.

(Signature)

} Seal: _____
(Notary Public)

(Title)

My commission expires _____ 20 ____.